

February 25, 2002

The Honorable Pat Thibaudeau, Chair  
Senate Health and Long-Term Care Committee  
414 John A. Cherberg Building  
Olympia, Washington 98504-0443

Dear Senator Thibaudeau:

I am writing as a public health physician and a member of the Washington State Board of Health to support the concept contained in Substitute House Bill 1759, which is scheduled to be heard by your committee today. The bill would make it legal for pharmacies to sell syringes to reduce bloodborne diseases. Providing low-cost, unrestricted access to clean needles and syringes is an effective way to reduce the spread of HIV and hepatitis B/C among intravenous drug users (IDUs) and their partners.

I would, however, recommend amendments to the bill. First, I would urge removal of the ten-syringe limit. The Centers for Disease Control (CDC) estimates that the typical IDU injects 1,000 times a year. That suggests that ten syringes is less than a four-day supply. Restricted access to syringes may promote reuse and/or sharing of syringes, working against the public health intent of the legislation.

I also have concerns about the public health benefits of Section 5, which would restrict sales to "safety syringes." Safety syringes have been shown to be effective in preventing certain occupational needle sticks and are significantly more expensive than conventional syringes. They can be difficult to use, and are often used improperly even in health-care settings. Mandating the sale of expensive and difficult-to-use syringes may discourage IDUs from purchasing clean syringes from pharmacies.

The safety needle requirement is a well-intentioned effort to deal with the public safety risks associated with improper disposal of contaminated syringes. There is no guarantee, however, that IDUs who do purchase these syringes—despite cost and ease-of-use issues—will use their safety features properly. Moreover, safety features designed to protect health care workers may not confer that same benefit on a person who encounters a discarded syringe in a public place.

According to the CDC, "Ensuring that IDUs who continue to inject can obtain a sufficient number of sterile syringes is only part of the equation; counseling, health education, and access to substance abuse treatment are equally important. Safe disposal of used syringes is another important consideration, both to reduce the chances that an IDU will reuse a blood-contaminated syringe and to respond to community and pharmacist fears about the risks of discarded syringes in neighborhoods." The CDC estimates that IDUs in even a moderate-size city require millions of syringes a year and states that safe disposal of needles is an important public health priority.

One in three Washington counties, including most urban population centers, already have successful needle exchange programs that are very effective at removing blood-contaminated needles from circulation. These programs distribute puncture-proof sharps containers and require a one-for-one exchange—a dirty needle for a clean needle. In Connecticut, which also has a successful needle exchange program, 74 percent of IDUs utilized that state's pharmacy sales program. If pharmacy sales take off in Washington without an effective syringe disposal program in place, the number of reused and improperly discarded needles might actually increase.

Rather than relying solely on the sale and proper use of safety needles, I would recommend that the bill be amended so that IDUs must also purchase sharps containers from pharmacies along with their needles. Pharmacies, health departments, and hospitals could then be designated as drop-off sites for these containers. Under San Francisco's safe needle program, which works along these lines, pharmacies collect 1.5 million contaminated syringes each year. Needle stick injuries among sanitation workers have dropped dramatically.

Once again, I believe that the most effective way to reduce the spread of HIV and hepatitis among IDUs and their partners is to provide *low-cost* and *unrestricted* access to sterile syringes, and that syringe programs should take a comprehensive approach that includes counseling, education, treatment, and effective methods for safely disposing of used syringes.

Thank you for considering this important public health issues.

Sincerely,

Thomas Locke MD, MPH  
Member, Washington State Board of Health

cc: The Honorable Jeannie Darneille  
Senate Health and Long-Term Care Committee Members  
Washington State Board of Health Members  
Mr. Jonathan Seib, Senate Committee Services  
Ms. Ree Sailors, Governor's Office of Health Policy  
Ms. Patty Hayes, Department of Health  
Mr. Don Sloma, State Board of Health